



THRIFT SAVINGS PLAN

TRANSFER OF INFORMATION BETWEEN AGENCIES

TSP-19

Gaining agencies must use this form to obtain the Thrift Savings Plan (TSP) account information of employees who transfer from other Federal agencies or who change payroll offices. Gaining agencies must obtain the relevant TSP information from the losing agency, whether or not the employee is contributing to the TSP. Provide a copy of the completed form to the employee and forward the original to the gaining agency's payroll office. A copy may also be filed in the employee's Official Personnel Folder. For more information, refer to Bulletin 01-12.

Section A Employee Information

1. Name _____
Last First Middle
2. Social Security No. _____ - _____ - _____ 3. Date of Birth ____/____/____ 4. Effective Date of Transfer ____/____/____
mm dd yyyy mm dd yyyy

Section B Information to Be Transferred

Enrollment Information

Enter the employee's contribution election using **either** Item 5 (a whole percentage of basic pay per pay period) **or** Item 6 (a whole dollar amount per pay period).

5. _____ .0% **OR** 6. \$ _____ .00 7. ☐ Check if noncontributing FERS employee
8. TSP Service Computation Date (FERS only) ____/____/____ 9. TSP Vesting Code _____
mm dd yyyy
10. TSP Status Code (Enter the appropriate code): _____ 11. TSP Status Date ____/____/____
mm dd yyyy
- W** = FERS contributing but not eligible for agency contributions
E = FERS eligible for agency contributions but not contributing
Y = contributing and, if FERS, eligible for agency contributions
T = stopped contributions and, if FERS, eligible for agency contributions
S = FERS stopped contributing but not yet eligible for agency contributions
12. If TSP Status Code is **W** or **S** or if **Item 7** is checked, indicate date employee will become eligible for agency contributions. ____/____/____
mm dd yyyy
13. If TSP Status Code is **T** or **S** and employee is not yet eligible to resume employee contributions, indicate date **employee** contributions may be resumed. ____/____/____
mm dd yyyy

Catch-up Contributions

14. Enter the employee's catch-up contribution election and attributable year if contributions are in process. Do not complete if employee has already reached the annual catchup limit for the year. \$ _____ .00 for _____ year

Loan Information

15. Does employee have a TSP loan? (Check one.) ☐ Yes (Complete Items 15 through 20.) ☐ No (Skip to Item 21.)
- First Loan** 16. Account Number: _____ 17. Payment Amount \$ _____
- Second Loan** 18. Account Number: _____ 19. Payment Amount \$ _____
20. Pay cycle is (check one): ☐ Biweekly ☐ Monthly ☐ Semi-Monthly ☐ Weekly

Section C Identification of Losing Agency

21. Agency Name and Location _____ 22. Payroll Office _____
8-digit Identifying Number
23. Name of Contact Person _____ 24. Telephone (_____) _____ - _____
Area Code and Number

Section D Certification by Gaining Agency

25. Payroll Office _____ 26. ☐ Remarks on back of form.
8-digit Identifying Number
27. _____ 28. Date Signed _____
Signature of Authorized Certifying Official

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Form TSP-19 (Revised 1/2003)
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